



MISSOURI DEPARTMENT OF REVENUE
PO BOX 100
JEFFERSON CITY, MO 65105-0100

REQUEST FOR WAIVER OF TITLE PENALTY

FORM
5065
(REV. 4-2006)

PURCHASER'S NAME			
PURCHASER'S ADDRESS		CITY	STATE ZIP CODE
YEAR	MAKE	IDENTIFICATION NUMBER	
<p><input type="checkbox"/> Motor Vehicles/Motorcycles/Trailers/ATVs/Manufactured Homes I hereby state that I was unable to title the unit identified above within the 30-day period allowed by the Missouri Revised Statute, 301.190.</p> <p><input type="checkbox"/> Boats/Outboard Motors I hereby state that I was unable to title the unit identified above within the 60-day period allowed by Missouri Revised Statute, 306.015.</p> <p>I request a waiver of the title penalty based on the reason indicated below:</p> <p><input type="checkbox"/> Serious Health Condition</p> <p><input type="checkbox"/> Active Military Duty</p> <p><input type="checkbox"/> Act of God (Fire, Tornado, Flood, Earthquake)</p> <p><input type="checkbox"/> Was instructed by the selling dealer that the unit was not required to be titled.</p>			
I declare under penalty of perjury that the above information is true and accurate.			
SIGNATURE OF PURCHASER		DATE	
SIGNATURE OF DEPARTMENT OF REVENUE AGENT AUTHORIZING WAIVER		DATE	